



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Boots Foster  
**SPECIES** Canine  
**BREED** Mini Schnauzer  
**SEX** Spayed Female  
**AGE** 6 Years

History: DDX: Aspiration Pneumonia Regurgitated bile during heavy sedation for a wound debridement on April 10th, 2023. There is a chance she aspirated as she was not intubated because the procedure was very quick. Has not previously regurgitated post-anesthetic before. There was no crackles on auscultation post-op, caught it quickly, and no cough/gurgle on recovery). Started her on clavaseptin 62.5 mg 1.5 tabs BID x 7 days. Presented today (04/14/23) for not wanting to eat anymore. Sent home Sulcrate and Omeprazole to help with any possible esophagitis/gastritis that she may have from the regurgitation.

**RADIOGRAPHIC STUDY OF THE THORAX**

The body condition score is 6/9. On the DV view the region between right elbow and ribs shows a circular soft tissue opacity.

The bony structures appear physiological.

The degree of pulmonary expansion is good. The lungs are in contact with the thoracic boundaries and the tips are pointed. The lobar vessels are clearly visible to the tertiary branches. The bronchial tree is thin walled and tapers uniformly towards the periphery.

The cranial mediastinum is of physiological size and opacity. The trachea diverges from the thoracic vertebrae and dips at the carina. In both lateral recumbencies the tracheal air shadow in the cervical region is reduced dorsally by a soft tissue opacity and varies between 0.3 and 0.8cm. The tracheal air shadow in the thorax is approx. 1cm.

The cardiac silhouette occupies 75% of the chest height and 3 intercostal spaces (VHS 12). On the DV view the right side appears rounded.

**INTERPRETED BY**

Heike Rudolf, DVM,  
 Dr. med. Vet.,  
 DipECVDI DVR

**RADIOGRAPHIC DIAGNOSIS**

- Tracheal collapse

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**HOSPITAL NAME**

Woodridge VC

Tracheal collapse alone can be due to a weakened dorsal tracheal ligament. Tracheal in combination with bronchial collapse is usually due to an altered cartilage development which may go unnoticed until physical circumstances (such as stress, running, excitement) or disease (e.g. pneumonia, bronchitis, L cardiac enlargement) reduces the ease of airflow.

**REFERRING VET**

Dr. Couperthwaite

The VHS obtained from the lateral view would suggest a left sided cardiac pathology, but the cardiac shape on the DV view is normal for an upright heart in a deep chested dog. In case a murmur is present, echocardiography is recommended to rule out AV- valve regurgitation. Unwillingness to eat can certainly be due to gastro-esophageal reflux. In case the treatment already initiated is unsuccessful, abdominal ultrasound and full biochemistry and hematology are recommended to rule out other diseases such as pancreatitis or lymphadenitis.

**INVOICE**

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The soft tissue opacity between right elbow and ribs is most likely the result of the elbow being positioned closer to the chest wall than on the left.

**DATE**

4/14/23



**PATIENT**

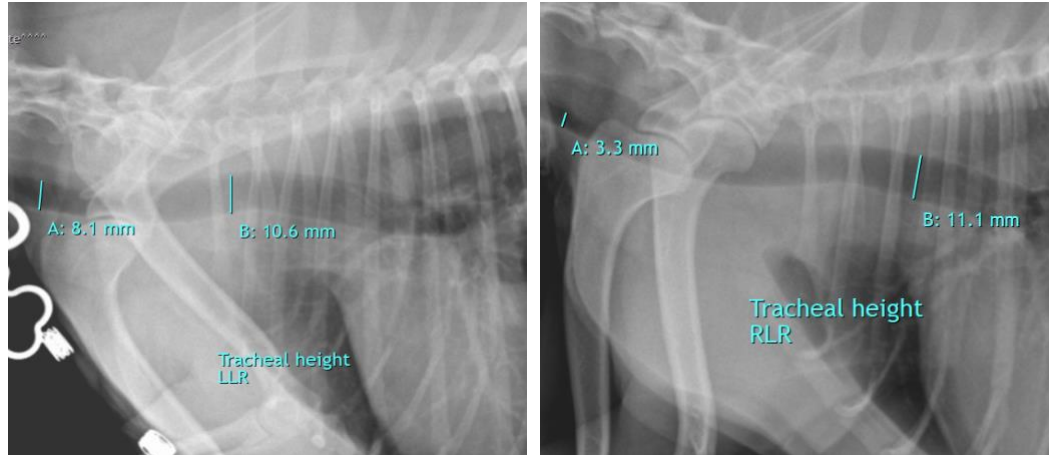
Boots Foster

**SPECIES**

Canine

**BREED**

Mini Schnauzer



**SEX**

Spayed Female

**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

**AGE**

6 Years

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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